

No-SARS Screening Form

Date modified: 04/29/2004

Investigator:				Report date: ____/____/____		Report time: ____:____a.m./p.m.	
Reporter name, affiliation and phone number:							
Health Care Provider Name:				Contact Numbers:			
Hospital:		Room #		Hospital Tele.# :			
Patient Name		LAST: _____		FIRST: _____		Middle Initial: _____	
If child, parent or guardian:							
Address:				City:		State: _____ Zip: _____	
County:				Country:		US Resident? <input type="checkbox"/>	
Occupation:							
Telephone number(s)		HOME: _____		WORK: _____		OTHER: _____	
Birthdate: ____/____/____		Age: ____ yrs ____ mths		Sex: F <input type="checkbox"/> M <input type="checkbox"/>		Interpreter needed? <input type="checkbox"/> Language: _____	
Symptom Onset: ____/____/____		Fever Onset: ____/____/____		Fever >38 C (100.4)? <input type="checkbox"/>		Highest measured temp: _____	

	Yes	No
1. Was patient hospitalized for radiographically confirmed pneumonia or ARDS <i>with unknown etiology</i> ? If answer is <u>NO</u>, then <u>STOP HERE</u>. Tell reporter to notify us if answer changes to YES at a later time.	<input type="checkbox"/>	<input type="checkbox"/>
2. One or more of the following risk factors in the 10 days prior to onset:		
a. <u>Travel</u> to mainland China, Hong Kong, or Taiwan, or close contact with an ill person with a history of recent travel to one of these areas? If yes , obtain travel itinerary (carriers, flight #s, locations, dates, etc.).	<input type="checkbox"/>	<input type="checkbox"/>
b. <u>Employment</u> in an occupation associated with a risk for SARS-CoV exposure (e.g., health care worker with direct patient contact; worker in a laboratory that contains live SARS-CoV)? If yes , obtain details of employment (location, phone, contact name, duties).	<input type="checkbox"/>	<input type="checkbox"/>
c. Part of a <u>cluster</u> of cases of atypical pneumonia without an alternative diagnosis? If yes , obtain details about others who are/were ill (names, contact info, symptoms, hospital names and providers, diagnoses).	<input type="checkbox"/>	<input type="checkbox"/>
If answers to questions a, b, and c are NO, then <u>STOP HERE</u>.		

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PHSKC SARS ID:

Check
if yes:

3. Assessment for high suspicion for SARS Co-V infection

a. If 2a (travel) was the qualifying criteria:

Within 10 days of illness onset:

Did the ill person have close contact with someone hospitalized for a respiratory infection or visit a hospital while in the previously affected area and within 10 days of their illness onset? ☐

Did the ill person travel to Guangdong Province within 10 days of their illness onset? ☐

Did the ill person have contact with an ill traveler who had returned from Guangdong Province? ☐

b. If 2c (cluster) was the qualifying criteria:

Are the ill persons healthcare workers with direct patient contact who either worked at the same facility or had an illness onset within the same 10-day period as another healthcare worker? ☐

c. Is there another reason for increased suspicion? If so, explain:

☐

(Discuss above reasons with a medical epidemiologist before recommending isolation precautions and SARS testing.)

If any box in Question 3 is checked, patient should be considered as high suspicion for SARS Co-V infection.

4. Is patient considered (check box that applies):

a. ☐ High suspicion for SARS?

If high suspicion, advise the following and check when done:

☐ Follow SARS isolation precautions

☐ Treat the patient for common causes of community-acquired pneumonia

☐ Perform a diagnostic work up, including collection of specimens for SARS testing

☐ Request signed consent forms for testing

☐ Initiate Voluntary Isolation Letter (VIC#) _____

☐ Notify hospital infection control

☐ Initiate case report forms, including immediate initiation of contact identification, evaluation and monitoring process

b. ☐ Low suspicion for SARS?

If low suspicion, initiate 72-hour evaluation period and advise the following and check when done:

☐ Advise droplet precautions

☐ Treat the patient for common causes of community-acquired pneumonia

☐ Perform a diagnostic work up; obtain and hold specimens for SARS testing, but do not test for SARS

☐ Report household members and other close contacts with similar illness to Public Health

☐ Establish date and time for evaluation conference (72 hours after report)

☐ Transfer paperwork to 72-hour watch team

5. Is patient:

In ICU

☐ Yes

☐ No

☐ Unknown

Intubated/requiring mechanical ventilation

☐ Yes

☐ No

☐ Unknown

Disposition for Low-Risk Reports

Date 72-hour evaluation conference scheduled: ___ / ___ / ___ Time: ___ am ___ pm

Contact person:

Phone number(s):

Notes:

Outcome of 72-hour evaluation:

☐ Initiate report under investigation (RUI) and test for SARS Co-V

☐ Alternative diagnosis found: _____

☐ Low index of suspicion, no SARS testing